Case 1:06-cv-00011-SLR Document 67-5 Filed 08/25/2006 Delaware Correctional Center

Smyrna Landing Road **SMYRNA DE, 19977** 

Exhibits D-1

## **GRIEVANCE INFORMATION - Appeal**

Phone No. 302-653-9261

OFFENDER GRIEVANCE INFORMATION

Offender Name: BAYLIS, LEONARD K

SBI# : 00100231 : DCC

Grievance #

: 22328

Grievance Date : 11/29/2005

Institution Category : Individual

Status

: Unresolved

Resolution Status:

Inmate Status:

Grievance Type: Health Issue (Medical)

: Merson, Lise M

**Incident Date** : 11/29/2005 Incident Time: 13:00

Housing Location: Bldg 23, Lower, Tier D, Cell 3, Bottom

APPEAUREQUEST

Appeal arrived Thursday 3 August 2006: It has been well over a year since I have been scheduled to have dental work -However no actual dental work has been accomplished.

I appeal to the grievance board for an investigation vis a vis actual dental work vs. words on paper. This to the extent that I actually receive dental work.

I am experiencing stomach problems because of difficulty chewing food and digesting food.

REMEDY REQUEST

06 Page 2 of 4

Exhibits D-2

## Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name Equis Leonard	_ SBI #	10003/
(Last, First MI)	URive	1985tión
Facility CC	_ Date	8/6-06
Chargeable Visit Non Chargeable Visit Medication Handling Fee (\$2	.00 X <u>2</u> )	\$4.00 -0- \$ <u>4.00</u>
Total Amount Charged To Inn	nate Accoun	t <u>\$ % তে</u>
Health Care Staff Signature:	·	
I CERTIFY BY MY SIGNATURE THAT I DESCRIBED ABOVE. Inmate Signature:		
1) *Witness Signature:	Date:	•
2) *Witness Signature:	Date:	
The fee for services rendered will be deducted from deducted generates a negative balance. Any funds a negative balance. Any negative balance remaining remain active for three (3) years after the date of release of Correction as an inmate within that three (3) year per your inmate account on your new commitment.	received by you on your accour e. Should you re	u will first be applied to any nt when you are released will eturn to Delaware Department
Distribution:  Original: Facility Business Office Posted/Entered by Copy: Inmate Medical Record (yellow) Inmate (pink)		Date
*Only needed if inmate refuses or is unable to sign.  FORM #: 621		
3 part NCR		

(C:Copay.96:Form.4)

Filed 08/25/2006

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Exhibits D-3

## Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name Boylis Leo	srt#	100981	•
(Last, First MI)	Diff Per	100981 Realty or Di	iges tien (vainc
Facility	Date	6/8/06	
— Chargeable Visit Non Chargeable Medication Hand		.)	\$4.00 -0- \$
Total Amount Charg	ged To Inmate Accou	unt	<u>\$</u>
Health Care Staff Signature:	KC		
I CERTIFY BY MY SIGNATURE DESCRIBED ABOVE.  Inmate Signature:  1) *Witness Signature:	Date:	6-8-6	56
2) *Witness Signature:	Date: _		
The fee for services rendered will be deducted generates a negative balance. negative balance. Any negative balance remain active for three (3) years after the dof Correction as an inmate within that three your inmate account on your new commit	Any funds received by ye remaining on your accordate of release. Should you ee (3) year period, the neg	you will first be a ount when you are u return to Delawa	applied to any released will re Department
Distribution:			
Original: Facility Business Office Poste	ed/Entered by	Date_	
Copy: Inmate Medical Record (yellow) Inmate (pink)	<u> </u>		
Copy: Inmate Medical Record (yellow)			

Exhibits D- 4

## **Delaware Department of Correction Health Care Services Fee Sheet**

				,			
Inmate Name	Baylis Lea	pard	_ SBI #	/00.	100-231		
	(Last, First	MI)	Dif	receit?	Diges	<del>( ,                                   </del>	
Facility	DU	ocard MI)	Date	1/3	21/06		
	Chargeable Non Charg	Chargeable Visit Non Chargeable Visit Medication Handling Fee (\$2.				\$4.00 -0- \$	
	Total Amount (	Charged To Inn	nate Accou	nt		s_ <i>O</i>	
DESCRIBED	ABOVE.	TURE THAT I					
Inmate Signat	ture:	The second secon	Date:		5//46		
1) *Witness Si	ignature:		Date: _	Date:•			
2) *Witness Si	gnature:		Date:				
deducted generative balance remain active for of Correction as	rates a negative balce. Any negative or three (3) years aft	Ill be deducted from lance. Any funds rebalance remaining of er the date of release that three (3) year per commitment.	received by yon your accordance. Should you	ou will fin unt when return to l	rst be app you are re Delaware l	lied to any leased will Department	
Distribution: Original: Facility Copy: Inmate I Inmate (	Medical Record (yellov	Posted/Entered by			Date		
*Only needed i FORM #: 621	if inmate refuses or	is unable to sign.					
3 part NCR				are a second		٠.	